

Commonwealth of Virginia



Application for a Department of Health Permit

Application for a: ☐ New Establishment ☐ Renewal ☐ Name Change ☐ Change of Owner

Type: ☐ Hotel/Motel ☐ Bed & Breakfast ☐ Summer Camp ☐ Migrant Labor Camp

Name of Establishment: _____

Telephone: _____ Fax: _____ Email: _____

Mailing/Billing address: _____ Physical location: _____

Establishment owner is a/an: ☐ Association ☐ Corporation ☐ Individual ☐ Partnership ☐ Other

Association, Corporation, Partnership name: _____

Names, titles & addresses of persons comprising the legal ownership (Attach list if necessary): _____

Local registered agent (if required):

Name _____

Title _____

Address _____

Telephone _____

Person directly responsible for the establishment:

Name _____

Title _____

Address _____

Telephone _____

Number of Rooms (Hotels/Motels/B&B's): _____

Number of Campsites (Summer/Migrant Camps): _____

Total Occupancy (Hotels/Motels/B&B's /Summer Camps/Migrant Camps): _____

I/we understand that after issuance of the Health Department permit requested, the Commissioner of Health or his/her authorized representatives shall have the right to enter the premises of this establishment at any reasonable time to inspect, conduct tests, or collect samples as required.

Signature: _____

Title: _____

Print Name: _____

Date: _____

For Official Use

Approved for Permit _____

Environmental Health Spec. _____

Date Signed: _____

Environmental Health Spec. _____